

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001243

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 140

STATE FILE NUMBER

FILED FEB 5 1962

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Lebanon</u>	
Length of stay in lb <u>14 days</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Oakland Star Rt.</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>LEE</u> Middle <u>OTTO</u> Last <u>SIMPSON</u>		4. DATE OF DEATH Month <u>Jan.</u> Day <u>23</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-9-05</u>
9. AGE (last birthday) <u>56</u>		IF UNDER 1 YEAR Months <u>56</u> Days <u>56</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	
11. BIRTHPLACE (City and state or country) <u>Laclede Co., Mo. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W.I. Simpson</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Wrinkle</u>	
14. NAME OF HUSBAND OR WIFE <u>Grace Simpson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mrs. Grace Simpson, Lebanon, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> DUE TO (b) <u>Chest Trauma and</u> DUE TO (c) <u>Coronary arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>14 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Stress ulcers, pneumonia</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Automobile accident</u>	
20c. TIME OF INJURY Hour <u>1-9-62</u> Month, Day, Year <u>1-9-62</u>	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway near home</u>		20f. CITY, TOWN, OR LOCATION <u>Lebanon</u>	
20g. COUNTY <u>Laclede</u>		20h. STATE <u>Mo</u>	
21. I attended the deceased from <u>Jan 9 1962</u> to <u>Jan 23 1962</u> and last saw him alive on <u>Jan 23 1962</u> Death occurred at <u>12:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. Yates Trotter M.D.</u>		22b. ADDRESS <u>Prof. Bldg Springfield Mo</u>	
22c. DATE SIGNED <u>1-26-62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
23b. DATE <u>1-25-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Rose Memorial Park</u>	
23d. LOCATION (City, town, or county) <u>Lebanon, Laclede Co., Mo.</u>		23e. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>J. J. Shudel</u>		25. DATE REC'D. BY LOCAL REG. <u>1-30-62</u>	
26. ADDRESS <u>Lebanon, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Effie S. Melton</u>	

(Licensed Embalmer's Statement on Reverse Side)

FEB 8 1962

JUL 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 5115

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.